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British Guiana.

ANNUAL REPORT

OF THE

DIRECTOR OF MEDICAL SERVICES

FOR THE YEAR

1953

(Printed by the Authority of His Excellency the Governor).

GEORGETOWN, DEMERARA, BRITISH GUIANA.
Printed for the Government of British Guiana by The "Daily Chronicle," Limited.
23, Main Street, Georgetown, British Guiana.
1956.

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MEDICAL DEPARTMENT,
Brickdam, Georgetown,
BRITISH GUIANA,
30th June, 1954.

I. ADMINISTRATION :

On the 8th April, the new Constitution which had been granted to the Colony came into force. The Medical Department was linked with the Central Housing and Planning Authority and the Director of Medical Services in addition to performing his substantive duties, was appointed Chairman of the Central Authority. The two departments were placed under the control of a Minister with portfolio.

Every attempt possible was made by the Medical Administration to cooperate with the new ministry and work for the satisfactory running of the Department. The new Constitution was prorogued on 9th October, 1953 and the Medical Department as well as the Central Authority were transferred temporarily under the direction of the Chief Secretary.

2. On 27th December, the new Interim Government was nominated and a Member with portfolio was appointed. Besides Health and Housing, the new portfolio included the Labour Department as well.

3. During the unhappy political vicissitudes through which the Colony passed during the year, it is pleasant to record that the staff of the Medical Department—both senior and junior members—showed outstanding loyalty.

4. Regular meetings of the Staff Councils of Nurses and other Subordinate Staff were held at the various hospitals. Unfortunately, some unpleasantness with a vague threat of a strike developed amongst nurses at the Best Sanatorium. The trouble originated over the refusal of the nurses to sterilize spittoons which work had previous been performed by patients. Subversive forces stimulated the whole affair. Strict and just disciplinary action, however, nipped the trouble in the bud and the situation was brought under complete control.

5. An Enquiry Officer was appointed during the year to deal with all admissions to the Georgetown Hospital. The object of this appointment is to abolish eventually the Pauper and Poverty Certificates which are issued mainly by the Clergy to people who desire admission to hospital.

II. PERSONNEL :

6. Details of the Colony's Medical Establishment and the incidence of leave and retirement which occurred therin during the year are recorded in Appendix I.

7. The staffing situation in the Medical Department has considerably improved recently. In the specialist grade it has been possible to obtain a Tuberculosis and Mental Diseases Officer, an Ear, Nose and Throat Surgeon, a Senior Physician, an Anaesthetist and a Surgical Registrar.

The emoluments of all Specialist Officers were increased during the year in an attempt to make these posts more attractive. It was considered that increased allowances should be given to these officers in lieu of the fifty per cent. of consultation fees which they formerly received.

No success, however, has so far been obtained in filling the vacant post of Radiologist, Assistant Surgeon and Health Officers.

8. Owing to the difficulty encountered in recent years in filling specialist medical posts in the service, serving medical officers have been sent away for training for diplomas in the following specialties :—

Radio-therapy : Anaesthetics : Medicine
(M.R.C.P.) : Tuberculosis : Leprosy :
Pathology and Dental Surgery.

If these officers obtain the necessary qualifications, the problem of filling the remaining specialist vacancies in the Service will be solved.

9. With the return to the Colony of recently qualified Guianese doctors, the approved establishment of general duty Medical Officers will soon be complete.

10. The Public Hospital Georgetown has been approved by London and other Universities and Medical Schools as a pre-registration hospital for four Internes. Up-to-date, three Internes are undergoing their pre-registration training at the hospital.

11. One of the Departmental Sisters—a Guianese—was promoted to the vacant post of Matron.

12. There are 103 Registered Medical Practitioners practising locally. Of these, 50 are in Government Service. According to these figures, there is one registered Medical Practitioner to every 4,342 persons in the Colony.

III. FINANCE :

13. Table I.

Heads of Expenditure.

XXV—Medical	$ 723,088.02
XXVI—Bacteriological Department	$ 58,332.30
XXVII—X-Ray Department	$ 32,336.46
XXVIII—Hospitals	$2,373,927.39
Miscellaneous Subventions (Municipal and Non-Municipal)	$ 27,280.32

Comparative Totals of Expenditure :

1951	*1952*	*1953*
$2,745,863.21	$3,129,585.26	$3,214,964.49

13. The amount spent on all medical services per person (estimated total population 447,120) per annum was $7.19.

Comparative figures for all percentage expenditure of medical service to total expenditure on all services are—

1951	*1952*	*1953*
10.6%	10.05%	10.03%

IV. VITAL STATISTICS :

14. There is comparatively little change to be seen in the Vital Statistic rates in 1953 from the preceding year. The Crude Birth Rate maintained its high level with 44.1 births per 1,000 estimated mean population. It is interesting to consider that this high birth rate with a corresponding falling Infant Mortality Rate, 25 points lower than that of the previous year, will cause in the not too distant future problems to be faced regarding such matters as housing unemployment and nutrition. The Crude Death Rate per 1,000 mean population was 13.3 as compared with 13.5 in 1952. The Infant Mortality Rate was 79.3 vice 81.8 in 1952, whilst the Still Birth Rate was 36.3 vice 37.0 in 1952, and the Maternal Mortality Rate dropped to 4.0 per 1,000 births as compared with 4.1 in 1952 and the constant rate of 5 for the two previous years.

15. Comparative Vital Statistical data for the past three years are given in Table II. Age distribution of population re Crude Death Rates for 1953 is given in Appendix III. The 1953 statistics differ from previous years as they include Aborigines but exclude migration.

TABLE II.

		1951	*1952*	*1953*
Population	Males	209,910	216,230	222,840
	Females	212,540	218,670	224,440
	TOTAL	422,450	434,900	447,280
Total Births	Males	8,997	9,738	10,111
	Females	8,703	9,233	9,334
	TOTAL	17,700	18,971	19,445
Crude Birth Rate per 1,000 mean population	Mean	416,720	428,670	441,090
	Rate	42.5	44.3	44.1
Still Births	No.	664	701	706
	Rate	36.2	37.0	36.3
Total Deaths	Males	2,927	3,067	3,061
	Females	2,710	2,705	2,815
	TOTAL	5,637	5,772	5,876
Crude Death Rate per 1,000 mean population	Mean	416,720	428,670	441,090
	Rate	13.5	13.5	13.3
Infant Mortality Rate per 1,000 Live Births	Deaths	1,408	1,551	1,542
	Rate	76.8	81.8	79.3

V. COMMUNICABLE DISEASES :

16. The health of the population of the Colony has been satisfactory during the year. No epidemic of quarantinable disease was encountered.

17. Epidemics of the Infectious fevers such as Measles, Whooping Cough and Influenza were encountered throughout most areas of the Colony. As usual these fevers affected in a more serious way the Amerindian population with the result that several fatal cases from Whooping Cough and Measles were reported amongst the tribes in the Rupununi and at Orealla on the Corentyne. The Mortality Rate of Whooping Cough amongst Amerindians is approximately 16 per 1,000, a rate 5 or 6 times higher that the Mortality Rate in Britain. Immunization was carried out in a limited scale but proved of little if any value.

As Dr. C. R. Jones, Medical Officer, Amerindian Areas points out in a recent report, these infectious fevers usually attack a whole household or family — not only the children, but also the adults. The attack is usually severe and prevents the adults in the family from leaving their huts to provide food. This results in undernourishment and decreased resistance of the whole family to the particular disease and its complications.

18. **Enteric Fever** : In the third quarter of the year after a long dry spell, the incidence of Enteric Fever increased especially in the County of Essequibo and also on the Corentyne Coast, Berbice. Both epidemics were definitely traced to infected village water supplies. Mass inoculations of TAB were undertaken in these areas as a control measure and the use of the infected water supply was discontinued.

It is considered probable that the true incidence of Enteric Fever in rural areas in the Colony is and has been for years appreciably higher than notification of the disease tends to show. Many of these cases of Enteric

Fever are possibly of a very mild nature affecting mostly children and medical help is therefore seldom sought.

The incidence of Enteric Fever during 1953 was 682 cases.

19. Table III. compares the number of notifications recorded in respect of more prevalent infectious diseases during the past three years—

TABLE III.

Notified Cases of Diseases
1951—1953.

Disease	No. of Cases		
	1951	*1952*	*1953*
Enteric	701	419	682
Influenza	1,181	2,862	946
Pulmonary Tuberculosis	279	209	109
Chicken Pox	128	223	65
Diphtheria	33	27	33

20. There has been no Quarantine Station in this Colony for some years —the old station is now part of the Best Sanatorium. It is considered that such a station is definitely necessary and proposals have been put up to Government by the Medical Department for a Quarantine Station to be provided and sited near Atkinson Airport as soon as possible.

21. **Tuberculosis :** It was not possible to open the new recently completed 100-bed wing, at the Best Sanatorium during the year as its opening is linked with the provision of increased accommodation for nursing staff. The new Nurses' Hostel is nearly completed and will be brought into use early in 1954.

22. It is considered that increased tuberculosis hospitalization will be urgently required during 1954 resulting from the Anti-tuberculosis and BCG Campaign which commences in the first quarter of that year. As a large increase in the number of hospital beds is not possible, it is planned to treat patients whenever possible by domicilliary means with the drugs I.N.H. and P.A.S. With this object in view, a pilot scheme has been organised in the first place. It is estimated that a three months course of treatment with these drugs costs approximately six pounds (£6).

23. The British Guiana Society for the Treatment and Prevention of Tuberculosis continued to do very useful work during the year and its After-Care Branch dealt with the needs of ex-patients and the families of sufferers from this disease. Structural improvements were made to the headquarters building in Georgetown—the Orange Walk Chest Clinic—of the Society. A team of Tuberculosis Health Visitors pays domiciliary visits to patients and contacts in the Counties of Demerara and Berbice.

24. The request made last year to WHO and UNICEF for assistance to organise an Anti-Tuberculosis and BCG Campaign in the Colony was approved. It is unfortunate that it was not found possible due to financial reasons for these Organisations to include in the free grant to the Colony, a mass miniature X-ray machine or laboratory equipment.

The first four months of the Campaign will be organised by a specialist appointed by WHO. The campaign is scheduled to commence in March, 1954, and it is estimated that the population at risk can be tuberculin tested and vaccinated within a period of nine months.

As is customary with most schemes approved by the United Nations Children's Fund, this Colony is required and has agreed to continue the campaign after the period of assistance is completed. This follow-up or continuation scheme will, however, be comparatively inexpensive.

25. **Malaria :** Morbidity figures as reflected by Medical Practitioners' reports totalled 114 for the year, the lowest on record compared with 181 cases in 1952. Of 445 blood smears examined, only 29 were positive, mainly from the Rupununi foothills, North West District and Upper Cuyuni.

The following table compares the incidence of Malaria over a seven-year period—

TABLE IV.

Year	Number of Cases	Number of Deaths
1947	15,490	280
1948	8,701	172
1949	4,674	109
1950	1,840	66
1951	1,008	31
1952	181	28
1953	83	3

Further details on this disease are submitted later in this Report under paragraph 44.—**Mosquito Control Service.**

26. **Social Diseases :** During the period under review, 4,191 applicants attended the clinic for diagnosis and treatment.

639 of this number were patients under active treatment from the previous year.

Of the 3,552 new patients, 2,382 were found to be suffering from Venereal Diseases comprising 1,799 males and 583 females; whilst 1,036 were found on investigationto be free from Venereal Disease and were discharged or referred to the appropriate departments for further investigation and treatment.

At the end of the year, there remained 227 patients who were awaiting diagnosis.

27. 682 or 16% of the total number of new cases were diagnosed as Syphilis and 1,583 or 44% as Gonorrhoea.

28. The Follow-up Service investigated 1,803 patients with the result that 975 or 54% returned to the clinic to continue their treatment from which they had absconded.

Patients named 438 contacts of whom 208 reported for examination. Of this number 123 showed evidence of venereal infection. As usual, many of the names given by the patients turned out to be fictitious.

29. Out of 213 ante-natal cases referred for investigation, 29 were found to be suffering from Venereal Disease.

30. Plans for enlarging the scope of the preventive functions of the Social Diseases Unit which were contemplated last year could not be implemented as it has been possible up-to-date to obtain the services of a permanent Social Diseases Specialist Officer.

31. **Table V :**

Comparison of Types of Venereal Disease Cases Treated.

Type of Case	1951	1952	1953
Primary Syphilis	143	197	155
Secondary Syphilis	76	74	63
Early Latent Syphilis	241	296	243
Late Latent Syphilis	203	212	164
Late Syphilis	93	82	40
Hereditary Syphilis	19	13	17
Acute Gonorrhoea	1,907	1,421	1,422
Chronic Gonorrhoea	115	50	161
Chancroid	74	71	82
Granuloma Venereum	31	43	34
Lymphogranuloma Inguinale	10	9	1
TOTAL New Cases	2,912	2,488	2,382
TOTAL Attendances	33,966	34,716	25,449

32. **Leprosy :** The number of known cases of Leprosy in this Colony at the end of the year was 1,213 which shows an incidence of 2.7 per 1,000 of the population. Of this number, 233 cases were treated as in-patients and the remaining cases as out-patients.

As in previous years, School Surveys were conducted by a specially trained Health Visitor and 25 cases of early tuberculoid leprosy were detected among 48,152 children examined. The prognosis of cases found at School Surveys was good when attendance at clinic was regular.

The following Table covers the results of Leprosy Surveys during the past five years—

TABLE VI

Results of Leprosy Surveys among School Children 1949—1953

Year	No. of Children examined			No of cases found		
	Boys	Girls	Total	Boys	Girls	Total
1949	26,696	25,510	52,206	20	35	55
1950	27,746	26,569	54,315	20	11	31
1951	29,988	28,443	58,421	16	12	28
1952	25,284	23,868	49,152	10	10	20
1953	25,004	23,148	48,152	12	13	25
Total	134,718	127,528	262,246	78	81	159

33. **Paralytic Rabies :** During September, reports were received from the Interior that miners working at Kurupung in the Mazaruni diamond mines were suffering from a strange disease; the chief symptoms of this disease being tingling in the feet followed by an ascending paralysis and death. A total of nine deaths were recorded and at post mortem examination, Negri bodies were isolated in the brains of six of those persons who were flown to hospital.

This is the first reported outbreak of Paralytic Rabies affecting human beings in this Colony. All persons in the Kurupung Area who had recently been bitten by bats (cheiroptera) were inoculated and advice was given to the population affected on the measures that should be adopted to prevent bat bites. Due to the very large numbers of bats of all types in the Interior bat bites are extremely common. Since these control measures have been adopted, no further cases of this disease have been reported.

VI. PUBLIC HEALTH MEASURES :

34. The staff of the Sanitary Department of the Colony consists of 3 County Sanitary Inspectors, 10 senior and 48 junior Inspectors, working under the direction of an Assistant Director of Medical Services and two Health

Officers. It has been impossible to fill the last two posts for a considerable time which has caused the Department much inconvenience. Considering the size of the Colony, the rapidly increasing population due to the high birth rate and the ever growing urban and rural building programmes, it is recommended that the junior sanitary staff should be increased as soon as possible.

It will be seen from Table VII that a great deal of the Sanitary Inspector's time at present is taken up with inspecting new buildings, building sites and layouts.

35. Owing to the local constitutional upset, it was only possible to hold nine meetings of the Central Board of Health during the year.

36. *Housing* : During the year there was marked advanced in housing in the rural districts comprising the Sugar Estates, Villages and other areas.

On the Sugar Estates, further blocks of land were laid out for building purposes and approved by the Central Board of Health. These Estates extra-nuclear settlements are developing rapidly and in a comparatively short period it is hoped that the old communal ranges in estate yards will be wholly replaced by these settlements which comprise areas of well laid out lots, with single dwelling, built by sugar workers with loans granted under welfare scheme.

In an area adjacent to the City of Georgetown, further progress in housing the surplus city population was made by the construction of a number of buildings by the Central Housing and Planning Authority. They are of two types, namely, communal buildings for hire, and single-family dwellings for sale under a hire-purchase scheme.

Government has continued its policy of granting loans for the erection of houses in certain specified areas. Under this scheme, building programmes were continued in the Islands of Leguan and Wakenaam and in the several Land Settlement areas.

A welcome departure from the old system of construction of buildings in timber which was started a few years ago has developed rapidly within the past year. A new type building of either re-inforced concrete, aluminium sheeting or hollow tile blocks or cement blocks is being built. Whilst being more expensive than timber, these types will prove more economical in the future from the point of view of maintenance and resistance to termites.

37. *Activities* : The activities of the Central Board of Health continued as in previous years, the principal categories being those shown in Table VII—I

TABLE VII.

1.	Domiciliary Inspections	104,688
2.	Inspection of special type premises—provision shops, bakeries, cowpens etc.	3,914
3.	Re-certification of Rice Factories	189
4.	Approval of new Coconut Oil Factories	13
5.	Approval of building applications	*2,553
6.	Approval of plans for the layout of land—	
	(a) For building purposes	67
	(b) Other than building purposes	32
7.	Issue of certificates relating to completion of the prescribed works in connection with 6	43
8.	Samples of Foodstuffs examined (principally from the Milk Industry)	1,215

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* Includes 219 under the Board's Relaxation Policy.

38. *School Medical Service* : Owing to the absence on leave of the School Medical Officer, the activities of this service were to some extent curtailed during the year.

(a) *City Schools* : 1,673 pupils from Elementary Schools in the City of Georgetown were medically examined. 730 parents were present during the examination of their children and nearly all parents paid a subsequent visit for further advice. The most prevalent defects were dental caries, helminthic infestation, scabies and signs referrable to improper feeding, mainly resulting from a lack of green vegetables and milk. All pupils were followed up by School Nurses to determine the results of treatment and the opportunity was taken by the Nurses on each home visit to impart health instruction to the household.

Laboratory examinations of 681 specimens collected from school children resulted in 5.7 per cent being positive for hookworm and 26.3 per cent for ascaris lumbricoides, whilst 3.2 per cent were positive for both infestations and 2 per cent for trichiuris-trichiura.

(b) *Rural Schools* : 1,546 pupils from rural schools were medically examined and 397 parents were absent during these examinations.

Laboratory examinations of 327 specimens collected from these children resulted in 3.3 per cent being positive for hookworm and 28.1 per cent for ascaris lumbricoides, whilst 2.4 per cent were positive for both and 2.7 per cent positive for trichiuris-trichiura.

The Medical defects found were similar to those of the City Schools.

(c) *Remedial Measures* : Necessitous children suffering from nutritional defects were referred to the Education Department for school meals. In cases where the defects were severe, vitamins, cod liver oil and medicines were supplied at the Schools and distributed by School Teachers acting under the direction of the Nurse. Children requiring specialist medical or surgical treatment were referred to the particular specialist at the Public Hospital, Georgetown.

(d) *Health Education* : Systematic lectures to Elementary School Techers in physiological hygiene, mental hygiene and nutrition of the child were continued during the year, at the Government Teachers' Training College.

39. *Nutrition* : A random survey into the nutritional state of infants, toddlers, school children of the primary schools, expectant and nursing mothers attending Infant Welfare Clinics, was carried out during the first quarter of the year in the rural areas of the coastlands of the Colony. The results were as follows—

(i) 703 infants were examined—80.5% were free of any signs of malnutrition or deficiency disease, 14.8% showed slight signs, 3.1% moderate degrees of malnutrition and 1.6% advanced signs.

(ii) 264 toddlers (1—2 years) were examined—78.8% were free of any signs of malnutrition or deficiency diseases; 15.1% showed evidence of slight signs 4.2% moderate degrees of malnutrition and 1.9% showed advanced signs of malnutrition.

(iii) 11,552 primary school children (5—14 years) were examined — 68.9% were free of any signs of malnutrition or deficiency diseases, 22.9% showed slight signs; 7.0% showed moderate degrees of malnutrition and 1.1% showed evidence of advanced signs.

(iv) 764 expectant mothers were examined—62% were free of any signs of malnutrition or deficiency diseases; 28.5% exhibited slight signs; 7.5% moderate signs and 2% showed clinical evidence of advanced signs.

The random samples in the various categories were sufficiently large to be of statistical value. In view of the fact that the random samples included persons who explained that they were ill at the time of the examination and in view of the fact that at least 15% to 20% of the rural population suffer from hookworm and other helminthic infestations, a consideration of the analysis of the results indicates the maintenance of a fairly satisfactory overall nutritional state of the rural population.

40. Following discussions between the Medical and Education Departments, it has been recommended that an application for assistance be submitted to UNICEF in order to organise a Colony wide School Feed Programme. It is suggested that this programme should consist of a breakfast snack of skim milk, fortified margarine, biscuits and cod liver oil and should cover 20% of the school children of the Colony who would most benefit by such a diet.

41. *Infant Welfare and Maternity League* : During 1953 there were 89 Infant Welfare and Maternity Clinic Centres in the Rural Districts for the Welfare of Infants and Expectant mothers. There were 18 fully qualified Health Visitors (Government officers) and 45 League subsidised Midwives working throughout the country districts of the Colony.

The Infant Welfare and Maternity League Central Committee met quarterly in the Medical Department Headquarters to receive and discuss reports made by Government Officers directly connected with Maternity and Child Welfare. There are 36 local Committees in the various districts of the Colony. These Committees were responsible for the social activities and administration of the monetary grant from Government for the purchase of milk which was distributed free to necessitous mothers and infants.

The following Table gives the statistics of the number of clinics, attendances of children and mothers and the number of live births, still births, infant and maternal deaths recorded during the year, along with the statistics for 1951 and 1952—

TABLE VIII.

Maternal and Infant Welfare Statistics

Year	No. of Clinics	Child Attendances	Mother Attendances
1951	1,574	37,117	17,760
1952	1,643	35,654	18,571
1953	1,656	33,882	19,673

Year	Live Births	Still Births	Infant Deaths	Maternal Deaths
1951	3,455	84	48	4
1952	3,918	104	65	6
1953	6,333	132	64	8

Of the total attendances of 33,882 children at clinics, 18,793 were under one year and 9,089 over one year.

42. *Port Health Activities* : During the period under review, 1,523 vessels were inspected for nuisances which were abated on verbal instructions. No cases were quarantined during the period.

No travellers from infected ports were placed under surveillance. 881 rats and mice were trapped at the Port and 479 sent to the Central Medical Laboratory for examination. 3 ships were fumigated against rats and vermin and were granted deratisation certificates.

13 ships were granted deratisation exemption certificates.

A rat destruction campaign was carried out from 20th August to the end of the year by the use of a Rodenticide (Sorexa) by which a total of 2,642 rats were destroyed.

504 aircraft arrived in the Colony leaving 5,480 passengers.

43. Comparative statistics for the total vessels boarded during the past three years are given in Table IX.—

TABLE IX.

	1951	*1952*	*1953*
Vessels of all Types	1,659	935	658
Ocean-going Steamers	597	875	865

44. *MOSQUITO CONTROL SERVICE* :

General : For all practical purposes, 1953 marked full achievement of the aim of a Colony-wide malaria control programme launched in 1947, based solely on residual DDT applications. The Upper Cuyuni River and the Barama Headwaters in the North West District—two hitherto unsprayed gold and diamond mining, sparsely populated and relatively inaccessible areas —were brought under initial DDT control.

The predominantly negro adult population of the Cuyuni River diamond fields was not subjected to malariometric survey, but occasional proven cases of malaria have apparently originated there in the past. To clear this area up, 38 premises with a resident population of 88 were sprayed. Transportation difficulties of performing this work were reflected in the high unit cost of $8.10 per house.

In the Barama Headwaters, hyperendemic spleens and parasite rates of 75.0 and 46.1 per cent respectively were recorded on 52 Amerindian children resident or recently domiciled at the Old World mines .. Anopheles darlingi was prevalent in the area and was associated with a 32 acre artificial pool constructed in 1946 to facilitate amphibian air transport in the development of this locality. Beyond the immediate Old World perimeter *A. darlingi* and malaria were conspicuous by their absence, although other forest anopheles species were collected. No intervention in this man-made problem was instituted, except residual DDT spraying of 81 premises housing 200 persons. When this area was re-checked at the close of the year, *A. darlingi* had completely disappeared.

With the completion of these projects, no acknowledged centre of population in the Colony remained unprotected from malaria, but the findings at Old World, with its man-made malaria further emphasised the urgency of closer collaboration between the Medical Department and Industrial Organisations planning development projects in the hinterland. On the coastlands, the routine "strategic barrier" control programme was maintained on an 18-month cycle and 29,002 premises were sprayed during the year. Although 118,244 adult mosquitoes had been collected in house surveys, no *A. darlingi* was captured and *Culex fatigans* continued as the predominant species.

45. *Yellow Fever*—No clinic cases of Yellow Fever was reported during the year. Activities were again centred on *Aedes Aegypti* surveillance in the Port and City of Georgetown. Out of 144 ocean-going schooner arrivals from the Eastern Caribbean inspected in port, 12 or 8.4 per cent were harbouring *Aegypti foci;* whilst in the City a small number of foci were also encountered and brought under control by residual DDT.

A total of 348 inoculations was performed, partly on travellers leaving the Colony and also on workers entering potential enzootic areas of the Interior.

46. *Filariasis*—This disease was given increased attention during the year. Thus a general survey in the suburban village of Newtown showed an Mf. Index of 10.4 per cent on a sample of 1,414 persons, and a Clinical Index of 5.0 per cent. These rates were appreciably lower than comparable data for suburban areas recorded in 1947. This survey was associated with a combined adulticide and larvicidal culex control programme which reduced average house density of *C. fatigans* from an initial 46.1 to 1.8 per house.

This latter reduced density has been maintained for approximately 8 months largely by dispersal from neighbouring foci which were not controlled.

At Lodge Village, also on the outskirts of Georgetown, where residual DDT has been employed regularly since 1945, a filaria survey carried out on 393 "post DDT" children (*i.e.* under 9 years of age) showed an Mf. Index of 1.3 per cent.

Further progress in *C. fatigans* control under local conditions at Fort Island in the Essequibo Estuary was achieved by combined use of Dieldrin as a residual adulticide and larvicide. Total eradication was attained, mosquito check surveys during the last 15 months (*i.e.* up to the 17th month after initiation of the experiment) yielding negative results. Expansion of these field observations in three coastal villages was commenced during the onset of the December rains.

In the Laboratory, Dr. L. J. Charles, Chief Officer, Mosquito Control, has shown Dieldrin to be the most toxic of twelve insecticides tested (including two of the phosphorous groups). Differential toxicity was confirmed between a "virgin" laboratory colony and a local natural strain, the latter requiring a higher LD 50 for each insecticide. On the other hand, parallel runs of *Aedes aegypti* showed conclusively that DDT was by far the most toxic for that species.

Experiments by Dr. Charles on the influence of food supplies on sex emergence and size of egg rafts are yet incomplete, but indications are that with minimum food supply, only males emerge, while the size of egg rafts is in direct proportion to larval food supply.

VII. CENTRAL MEDICAL AND BRANCH LABORATORIES :

47. The Central Laboratory carried out 73,418 examinations compared with 78,612 in 1952, whilst the Branch Laboratories accomplished 49,746 examinations. A total of 1,140 samples of water from the water supply of the City of Georgetown and elsewhere was examined. The results of examination of the City Supply have been satisfactory and the daily standard set of a Presumptive Coliform Count of less than one organism per 100 ml. of water has been maintained.

The laboratory produced 17,000 ml. of T.A.B. Vaccine for distribution in the Colony and to some of the neighbouring smaller West Indian Islands.

It is considered that the present senior staff of the laboratory which consists of one Bacteriologist, is insufficient and the post of an Assistant Bacteriologist has accordingly been created in the 1954 Estimates. More laboratory technicians are also needed.

48. A special Anti-Tuberculosis and BCG Section of the Laboratory will be organised early next year in conjunction with the proposed BCG Campaign.

49. The work performed by all laboratories in the Colony is shown in Table X.

TABLE X.

	1951	1952	1953
Central Medical Laboratory	80,342	78,612	76,846
Laboratory, P.H. Georgetown	4,315	6,546	7,844
do. Best Sanatorium	6,053	6,074	4,497
do. P.H. Berbice	2,339	2,651	3,754
do. P.H. Suddie	1,693	1,345	1,333
do. Leprosy Hospital	7,863	7,853	7,650
do. Bartica Hospital	1,940	1,703	4,670
do. Mabaruma Hospital			
TOTAL	104,545	104,784	106,594

50. *Blood Transfusion Service*: The shortage of blood donors though each one receives $5.00 for every pint donated caused some inconvenience during the year.

The number of patients who received one pint of blood was 488, whilst the number who received more than one pint was 137.

VIII. *HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL SERVICES:*

51. As usual the five General Government Hospitals functioned throughout the year at full capacity. The total number of beds in Government Hospitals and Dispensaries is approximately 2,350 of which 507 and 411 are mental and leprosy respectively. This means there are just over 5 beds per 1,000 of the population available in all Government Medical Institutions. To this number of Government beds must be added the private hospital beds at the St. Joseph's Mercy Hospital in Georgetown and the mining hospitals at Mackenzie, Kwakwani and Tumatumari which total about 300. There are also 586 beds available in hospitals on Sugar Estates.

The total number of all hospital beds in the Colony per 1,000 of the population is 7.24.

52. A complete plan for the structural requirements of each of the Hospitals and Institutions including the erection of new and alterations to existing buildings was prepared during the year by the Medical Department and submitted to the Ministry of Health. Many of the proposals put forward in this plan though of a comparatively inexpensive character, will greatly improve and modernise the various Institutions when they are implemented.

Amongst the more important of the proposals are the following:—

(a) Division of the huge barn-like wards at the Public Hospital, Georgetown, into small modern ward units.

(b) Provision of a 120-bed Children's Hospital by converting an existing building at the Georgetown Hospital for this purpose.

(c) Provision of separate Opthalmic and Ear, Nose and Throat Wards by structural alterations to existing wards.

(d) By alterations to existing buildings, provide new and better accommodation for the Sister Tutor's Department.

(e) Re-model the old unused laundry to provide proper accommodation for the Hospital Administration Office.

(f) Re-construction of the Cinema at the Mental Hospital which is dilapidated and a definite fire hazard at present.

(g) Minor alterations and additions to all district hospitals.

(h) Modernisation of sanitary blocks at Georgetown and Mental Hospitals.

(i) Erection of a new Theatre Block at the Georgetown Hospital.

(j) Provision of a new workshop and new male wards at Mahaica Leprosarium to replace the dilapidated huts in which patients are at present housed.

(k) Erection of new wards at the Mental Hospital.

The only items in the above list which will involve comparatively high capital expenditure are the last four.

53. *New Construction Work:* The new up-to-date Laundry and Kitchen at the Georgetown Hospital were completed and brought into use early in the year.

The 100-bed new wing at the Berbice Hospital was nearly completed and is at present being temporarily used by part of Her Majesty's Forces now in the Colony. At the Berbice Hospital, a pure water supply was provided and the new Out-patient Department was opened during the year.

At the Best Hospital, the new modern Nurses' Hostel and the new Kitchen were nearing completion.

Unfortunately early in the year the old Cinema and Mess Hall at the Leprosarium was completely destroyed by fire. A new modern combined Mess Hall and Kitchen is at present under construction and work on the new Cinema will commence early in 1954.

The Mabaruma Hospital was connected up with the electricity supply and small X-ray Departments were supplied to the Suddie and Bartica Hospitals.

Construction work on the new Cottage Hospital at Lethem in the Rupununi which will cater for the Amerindian population in this area was commenced.

The 40-bed State Hospital at Port Mourant and the Cottage Hospitals at Mahaicony and Wakenaam which were approved for erection this year have unfortunately been postponed for construction in 1954.

54. *Public Hospital, Georgetown (696 beds):* There were 585 patients in the hospital at the beginning of the year. 15,520 patients were admitted for treatment. Of this number, 3,652 were discharged cured: 9,735 were relieved: 1,011 not relieved: 1,105 died: at the end of the year 520 patients remained in hospital. The daily average number of in-patients was 685 and the average stay in hospital 14.6 days.

There were 55,474 attendances at the Out-patient Department and 166,259 prescriptions were dispensed in that department.

4,863 surgical operations were performed of which 926 were majors.

Cases of Enteric Fever treated numbered 349 with 35 deaths or a fatality rate of 10.

In the *X-Ray Department* 12,722 patients were examined which is an increase of 962 on the previous year. As it still was not possible to fill the vacant post of Radiologist during the year, the therapy section of the department was closed down. In the *Physiotherapy* section, a total of 10,114 patients were treated.

Ophthalmic Department — 14,694 Out-patients and 784 In-patients were seen in this department and 995 operations were performed as compared with 12,850 Out-patients and 1,012 operations performed in 1952. Visits to district hospitals were also paid by the Ophthalmologist during the period.

The Ophthalmologist reports that "cataract both senile and congenital is the main cause of remedial blindness—occurring mainly amongst the East Indian population. This is possibly a racial characteristic and has nothing to do with diet, habits or mode of employment." Partial optic atrophy due to lack of B complex vitamins which often occurs without other signs of vitamin deficiency is fairly common amongst the Negro and Mixed Negro population. Whilst glaucoma amongst East Indians is a rarity. It is not uncommonly encountered amongst the Negro population.

It is interesting to note that though Trachoma is not uncommon amongst the Indonesian population of neighbouring Dutch Guiana, only one acute early case of this disease was seen in Georgetown during the year, the first to be recorded.

Ear, Nose and Throat Department—6,069 Out-patients and 245 In-patients were treated and 202 operations carried out during the year. There has been a large increase in the work done in this department since the appointment of a whole-time specialist.

Dental Department—15,312 patients were treated. Amongst this number there were 18,879 extractions, 76 fillings and 13 fractures.

Dental treatment was also given at District Hospitals and other Government Institutions.

55. *Public Hospital, Berbice* (170 *beds*) :

A total of 5,811 patients was admitted to this hospital of whom 311 died. The daily average number of in-patients was 176 and the average stay in hospital 13 days.

56. Table XI shows the number of beds, in-patients, deaths and out-patients at the Public Hospitals.

TABLE XI :

Hospital	*No. of Beds*	*In-Patients*	*Deaths*	*Out Patients*
Georgetown	696	16,105	1,105	55,474
Berbice	170	5,979	311	27,695
Suddie	94	2,486	112	1,206
Bartica	40	1,100	36	5,646
Mabaruma	30	838	21	2,512
TOTAL	1,030	26,508	1,585	92,533

57. *Special Hospitals*—There are three special hospitals in the Colony—

(i) *Best Tuberculosis Hospital* (164 *beds*)—There were 136 new admissions: 22 deaths in hospital and 122 discharges during 1953.

A system of compulsory daily rest periods for all patients was introduced at the hospital.

The average length of stay of patients was 247 days.

3,179 cases were given collapse and surgical therapy, whilst 3,492 X-ray examinations were undertaken at the Sanatorium—1,295 on out-patients and 2,197 on in-patients. 2,855 screening examinations were performed on artificial pneumothorax. In the laboratory attached to the Sanatorium, 4,497 examinations were carried out.

(ii) *Mahaica Leprosarium* (411 *beds*)—A total of 32 new cases was admitted and 7 old cases were re-admitted, whilst 85 were discharged on parole. 16 deaths were reported in the Institution during the period under review: 6 births occurred and 32 surgical operations were performed, whilst 230 X-ray examinations were carried out for various causes.

The discipline of the patients has continued to be most satisfactory. The Medical Department has submitted a revised Leprosy Ordinance for consideration by Government.

The Lady Denham Home which caters for non-leprous children of leprous patients and which had been closed for some years, was repaired and re-opened during 1953.

(iii) *Mental Hospital* (507 *beds*)—This hospital is now in charge of a qualified Psychiatrist and a second Medical Officer.

The year began with 644 patients in hospital. During the year, 188 were admitted as compared with 183 in 1952, while 147 were discharged and 49 died leaving 636 patients in hospital at the end of the year.

The discharge rate of 78.1 per cent of admissions represents the highest in the history of the hospital. The death rate 7.6 per cent of the total number of patients was the lowest in the past ten years, but is nevertheless still a high one, having regard to the comparative youth of the patients and the very small percentage of admissions aged 60 and over.

The principal methods of treatment employed were E.C.T., psychotherapy, occupational therapy, abreactions and various kinds of medical therapy, especially the administration of vitamins. The opening of an insulin unit awaits the arrival of equipment: this treatment carries a high mortality unless proper apparatus is available for dealing with any emergencies that may arise.

It is also intended to introduce retro-orbital leucotomy when the necessary instruments, which have been ordered, are received.

58. *Dispensary Services* :

The *Mobile River Dispensary Service* with its eight motor launches carried on its very useful work on the isolated population on the riverain. Provision has been made in the 1954 Estimates to provide an additional service on the Lower Demerara River between Clemwood and Craig which has approximately 5,000 people scattered along its banks in this region. Provision has also been made for extending the service in the North West to the smaller branches of the river where the large dispensary boat is at present unable to reach.

It is also proposed to rebuild the dispensary at Supenaam in 1954.

The seventeen Government rural dispensaries provided treatment for the population residing in remote areas. More dispensaries each supplied with a dispenser are required in all medical districts. When these are eventually provided, it will be possible for patients to obtain their drugs and treatment at easily available dispensaries and remove the necessity as at present of medical officers dispensing drugs.

As part of the Venn Scheme, Sugar Estates are required to provide dispensary and ambulance service for their workers and this is gradually being introduced.

In the City of Georgetown, No. I Dispensary caters for the overflow from the Out-patient Department of the Public Hospital, Georgetown. During the year 13,738 new cases were seen and there was a total of 26,306 attendances. This dispensary is thoroughly unsuitable and proposals have been submitted to Government by the Medical Department that it should be replaced by a modern Health Centre in the City.

59. *Mobile Dental Service* :

This new service, which supplies the dental needs of children, expectant and nursing mothers, the aged and acute dental cases in rural areas, has been doing excellent work. One unit covers Demerara, whilst the other is attached to Berbice and the Corentyne Coast. The units stop at Schools and Maternity Centres along the road for varying periods depending on the population and by this means accomplish a complete dental clean-up as they progress round their particular circuit.

In addition to the treatment—80 per cent of the children were suffering from dental caries—the Dental Surgeons attached to the units are employed in educating the rural population in the fundamentals of oral hygiene.

This service is highly appreciated by the rural population and its great popularity is shown by the following totals—

	Demerara	*Berbice*
Children examined	8,794	6,681
Total extractions	5,472	6,551
Total fillings	158	54
Clinic mothers treated	196	147
Paupers and aged persons treated	120	1,063

In the 1954 Medical Estimates, provision has been approved for the appointment of an extra Government Dental Officer. Besides giving treatment to Amerindians in the Interior and the North West Districts, this Officer will also attend to the needs of the inhabitants on the Essequibo Coast.

60. *Medical Service—Amerindians* :

Extensive tours of inspection were made during 1953 by the special Medical Officer attached to the Amerindians. Patients were treated and vaccines and inoculations given where necessary and the native huts sprayed with DDT.

During the annual DDT spraying of all villages in the Rupununi, two villages—Yupukari and Katoka—which previously were notorious for being highly malarious were accidentally omitted. Indices taken at Yupukari in October showed in one wet season that the malarial incidence had relapsed almost to pre-DDT times. This omission has warned the Department not to relax the annual DDT spraying of villages adjoining the forested Rupununi-Qvitaro watershed.

Amongst Savanna Indians, provided the static population is protected by routine spraying of villages, malaria becomes solely an occupational disease due to balata becomes solely an occupational disease due to balata bleeding in the forests. Today, modern synthetic anti-malarial drugs provide reliable "single dose" cures and the free issue of these drugs by Balata Companies to the workers would be a sound investment.

Epidemics of Whooping Cough and Measles mentioned previously in this report also occupied a considerable amount of the time of the Medical Officer.

The Medical Rangers who supply the medical needs of the isolated Indian tribes did good work during the period. Two of these officers were brought to headquarters to undergo an elementary course of training in sanitation.

The installation of bore-hole latrines in certain parts of the Interior is being pushed especially in the Amerindian Villages.

IX. *BOARD OF EXAMINERS, CHEMISTS AND DRUGGISTS* :

61. Seven meetings of the Board were held during the year. Nine candidates presented themselves for the First Professional and thirteen for the Final Examination held during November. Of these, five were successful at the First Professional and eight at the Final.

The Board gave approval during the year for the registration of twenty-two persons as students in Pharmacy.

X. *MEDICAL BOARD* :

62. Four meetings of the Board were held during the year. The names of eleven persons were added to the Medical Practitioners' Register. Of this number, nine were registered under the Provisions of Section 25 (b) of the Colonial Medical Service (Consolidation) Ordinance, Chapter 186, one was a Guianese registered under Section 5 of the Medical Practitioners Ordinance No. 10 of 1949, by virtue of qualifications obtained at an approved Medical School in the United States of America; while one was registered under the provisions of the Medical Practitioners (Temporary Registration) Ordinance, No. 24 of 1947.

The name of one Dentist was added to the Register of Dentists.

Amongst the items of draft legislation considered by the Board were the following—

(i) A draft Opticians Ordinance intended to replace the existing Opticians Ordinance.

(ii) A draft Ordinance to provide for the Provisional Registration of qualified Medical Students serving internships in recognised hospitals.

(iii) Draft Antibiotics (Amendment) Ordinance to provide for the sale of Antibiotics to Captains of Ocean-going Vessels.

XI. *TRAINING OF AUXILIARY MEDICAL PERSONNEL* :

63. Several local girls and young men applied and were accepted for nurse training under their own aegis in the United Kingdom during the year.

Two nurses were awarded Fellowships by the World Health Organisation to undergo a course of training in Trinidad in Anti-Tuberculosis work, and an officer was sent for one year's course of training in Hospital Administration in Britain.

The results of the Royal Sanitary Institute Examinations which were held in the Colony during November 1952 came to hand early in the year. The results were as follows—

(a) 11 of 12 students were successful in the R.S.I.

(b) 13 of 14 qualified Nurse-Midwives obtained the Health Visitors Certificate.

(c) 13 of 22 Sanitary Inspectors were successful in the Meat and Other Foods (R.S.I.) Examination.

(d) 3 of 5 Sanitary Inspectors passed the Tropical Hygiene (R.S.I.) Examination.

64. The following table indicates the numbers in the various categories who completed training courses in Government Institutions during the year and were successful at the relevant examinations —

TABLE XII :

	P.H. Georgetown		*P.H. Berbice*		*TOTAL*	
	1952	*1953*	*1952*	*1953*	*1952*	*1953*
Nurses	61	42	12	14	73	56
Sicknurses and Dispensers	6	5	Nil	1	6	6
Midwives	28	11	6	5	34	16
Chemists and Druggists	Nil	3	Nil	Nil	Nil	3

In addition, a number of Laboratory Technician Students underwent training in the Central Laboratory, Georgetown, but no examinations are held in this specialty.

XII. *LEGISLATION* :

65. Legislation under the following heads was submitted during the year —

A. Legislation that became law during the year :
   (i) Nurses and Midwives Registration Ordinance—
      To provide for the Registration of Nurses and establish Nursing Council which would be responsible for all matters concerning Nurses and Midwives.

   (ii) Hospital Fees Regulations—
      Upgrading the rates of payment for treatment at Public Medical Institutions.

B. Legislation prepared and submitted to Government but not enacted up-to-date :
   (i) The Dental Board Ordinance—
      To establish a Dental Board and vest with the Board all matters pertaining to the practice of Dentistry.

   (ii) The Opticians Ordinance—
      Modernising the previous Ordinance particularly with a view to limiting practice to professionally qualified persons only.

   (iii) The Das Gupta Registration Ordinance—
      To permit special registration of a Medical Practitioner.

   (iv) Medical Internes—Provisional Registration Ordinance.

   (v) Medical District Fees Regulations—
      To regulate the rate of medical fees to be paid by the working class.

   (vi) The Leprosy Ordinance and Regulations—
      Modernising the existing Ordinance.

   (vii) Pharmacy and Poisons Ordinance—
      Amending the existing Ordinance.

C. Legislation connected with Public Health :
   (i) Burial Grounds Regulations 1952—
      Amendments.

   (ii) Cremation (Pyre System) Regulations 1953—
      New draft regulations.

   (iii) Cinematograph (Inspection Fees) Regulations 1952—
      Amendments.

   (iv) Housing (Georgetown) Regulations 1952—
      To control housing in Georgetown.

   (v) Georgetown Sewerage Regulations 1953—

   (vi) Paralytic Rabies Regulations—
      Making this disease notifiable.

XIII. *SCIENTIFIC PUBLICATIONS* :

66. The following articles and reports were published or submitted by officers of the Medical Department during 1953 —

(a) Dr. L. J. Charles, Chief Officer, Mosquito Control Service, British Guiana.

1. Re-infestation Problems in an *Aedes aegypti*-free area in British Guiana.
   West Indian Med. J. March 1953.
2. A Field Experiment in the Control of Adults of *Culex fatigans.*
   Ann. Trop. Med. & Parasit. June 1953.
3. Distribution of *Anopheles Albimanus* in the Caribbean Area.
   Am. J. Trop. Med. & Hyg. September 1953.
4. Contribution to Investigations in the Control of *Culex fatigans* in British Guiana.
   June 1953.
5. Toxicity of the Botanical Insecticide *Ryania speciosa* to *Culex pipiens fatigans.*
   (Accepted for March 1954 Bull. ent. Res.)
6. Report on Malaria Survey and Control Tour of the Barama-Barima. Headwaters.
   November 1953.
7. Re-appearance of *Anopheles darlingi* Root in a Controlled Area in British Guiana's Coastlands.
   Submitted November 1953.

(b) Dr. B. B. G. Nehaul, Government Bacteriologist and Pathologist, British Guiana.

1. Health Education in under developed territories.
   1953.
2. Studies in the Evolution of Medical Care and Public Health in British Guiana.
   1953.
3. An outbreak of food-poisoning in an Institution in the Tropics.

(c) Dr. C. R. Jones, Medical Officer Amerindian Areas, British Guiana.

1. Tuberculosis amongst the Amerindians of British Guiana.
   July 1953.

The Gold Medal of the Davson Centenary Fund was awarded to Dr. L. J. Charles for his thesis on "Contribution to Investigations in the Control of *Culex Fatigans* in British Guiana," and a Silver Medal was presented to Dr. C. R. Jones for his thesis on "Tuberculosis amongst the Amerindians of British Guiana."

This award is made every third year.

XIV. *VISITORS* :

67. Her Royal Highness the Princess Royal during her stay in the Colony graciously visited the Public Hospital, Georgetown.

Visits were paid to the Colony by Dr. P. F. de Caires, Chief Field Officer for the Caribbean, World Health Organisation and by Miss Alice Shaffer, Chief Area Officer, United Nations International Emergency Fund, in connection with the Anti-Tuberculosis and BCG Campaign.

L. A. P. SLINGER.
Director of Medical Services.

Hon. Member for Labour, Health and Housing,
Ministerial Buildings,
GEORGETOWN.

APPENDIX I.

(i) MEDICAL ESTABLISHMENT :

The authorised Medical Establishment is as follows—

1 Director of Medical Services

2 Assistant Director of Medical Services
  (a) Health
  (b) Curative

1 Surgeon Specialist, Public Hospital, Georgetown

2 Surgeons

1 Senior Physician, Public Hospital, Georgetown

1 Medical Superintendent, Mental Hospital

1 Medical Superintendent, Leprosy Hospital

1 Opthalmologist

1 Ear, Nose and Throat Officer

1 Venereal Diseases Officer and Dermatologist

1 Health Officer, Tuberculosis

3 Health Officers (including 1 Lady Health Officer)

1 Chief Officer, Mosquito Control Service.

1 School Medical Officer

1 Anaesthetist

3 Dental Surgeons

1 Basteriologist and Pathologist

1 Radiologist

36 Medical Officers (including 4 Supernumerary)

(ii) New Appointments :

Dr. Brian V. Earl	—	Medical Superintendent, Mental Hospital—8th August, 1953.
Mr. P. R. Das Gupta, F.R.C.S.	—	Medical Officer, Ear, Nose and Throat—19th February, 1953.
Dr. B. Haring	—	Health Officer, Tuberculosis—17th October, 1953.
Dr. J. Ho-A-Shoo	—	Dental Surgeon—1st April, 1953.
Dr. O. A. H. Johnson	—	Medical Officer—1st February, 1953.
Dr. J. C. Ryan	—	Medical Officer—21st February, 1953.
Dr. A. M. Earle (Mrs.)	—	Medical Officer—24th August, 1953.
Dr. K. B. Bender	—	Medical Officer—23rd October, 1953.

(iii) Vacancies :

Specialist Post—

1 Surgeon

1 Senior Physician

1 Medical Superintendent, Leprosy Hospital

1 Venereal Diseases Officer

2 Health Officers

1 Anaesthetist

1 Radiologist : and

A varying number of General Duty Medical Officer Posts.

(iv) **Acting Appointments :**

Dr. L. J. Charles, Officer, Mosquito Control Service	Assistant Director of Curative Services (July—December)
Dr. H. Ho, Private Practitioner	Ear, Nose and Throat Officer (January—February)
Dr. B. N. S. Gillette, Medical Officer	Surgeon, Public Hospital, Berbice (throughout the year)
Dr. R. Singh Medical Officer	Medical Superintendent, Mental Hospital (January—July)
Dr. B. Singh, Medical Officer	Venereal Diseases Officer (January—July)
Dr. R. C. Nauth-Misir, Medical Officer	Venereal Diseases Officer (August—December)
Dr. N. A. Nobbs Medical Officer	Health Officer, Tuberculosis (January—October)
Dr. J. C. Ryan, Medical Officer	Anaesthetist (February—December)
Dr. K. N. H. Wray, Private Practitioner	Dental Surgeon (Part-time) (April—December)

(v) **Granted Study Leave :**

Dr. L. C. Luck, Medical Officer	Throughout the year.
Dr. K. N. H. Low, Medical Officer	Throughout the year.
Dr. Balwant Singh, Medical Officer	August—December.
Dr. N. A. Nobbs, Medical Officer	October—December.
Dr. G. J. Nicholas, Medical Officer	July—December.
Dr. E. A. Lee, Dental Surgeon	Throughout the year.

(vi) **Granted Vacation Leave :**

Dr. R. Singh, Medical Officer	September—December.
Dr. J. J. Talbot, Supernumerary Medical Officer	January—June.
Dr. C. E. S. Bailey, Assistant Director of Curative Services	July—December.
Dr. C. C. Nicholson, School Medical Officer	February—October.

(vii) **Contract Renewed After Vacation Leave of Termination of Previous Contract :**

Dr. J. J. Talbot, Supernumerary Medical Officer	July, 1953.
Dr. A. M. Cunningham, Supernumerary Medical Officer	July, 1953.

(viii) **Retired Officers re-engaged :**

Dr. L. P. Greson, Medical Officer	January—March. June—November.
Dr. D. P. Wailling, O.B.E.	October—December

(ix) **Retired :**

Dr. D. P. Wailling, O.B.E.	21st October, 1953.

APPENDIX II.

Return of Diseases Notified—from all Sources

1952 — 1953.

	Number of Cases Reported	
	1952	*1953*
Acute Poliomyelitis	2	2
Cerebral Spinal Meningitis	6	6
Chicken Pox	223	65
Diptheria	27	33
Erysipelas	—	—
Measles	—	778
Ophthalmia Neonatorum	20	6
Puerperal Fever	5	4
Tuberculosis	209	109
Enteric Fever	419	682
Amoebic Dysentery	499	389
Bacillary Dysentery	79	20
Influenza	2	946
Pneumonia	431	287
Malaria	181	83

APPENDIX III.

Crude Death Rate according to age distribution of Population (Excluding Amerindians).

Age	*Estimated Population 1953*	*Deaths 1953*	*Specific Death Rate per 1,000 Estimated Population of Group*	*Relative Specific Death Rate per 10,000 Estimated *Mean Population*
0	18,320	1,542	84.17	35.0
4—	62,330	608	9.76	13.8
5–	59,470	80	1.35	1.8
10—	48,140	57	1.18	1.3
15—	41,330	83	2.01	1.9
20—	37,600	126	3.35	2.9
25—	31,250	130	4.16	2.9
30—	27,630	152	5.50	3.4
35—	25,040	169	6.75	3.8
40—	22,200	209	9.41	4.7
45—	20,540	227	11.05	5.1
50—	16,010	351	21.92	8.0
55—	12,490	290	23.22	6.6
60—	8,880	356	40.09	8.1
65—	6,880	453	65.84	10.3
70—	4,740	364	76.79	8.3
75—	2,750	259	94.18	5.9
80—	1,130	228	201.77	5.2
85+	550	192	349.09	4.4
Total	447,280	5,876	13.14	133.2

* Mean Population—441,090.

PUBLIC HOSPITALS ANNUAL MEDICAL STATISTICAL RETURN FOR THE YEAR 1953.

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
A 1	001-008	Tuberculosis of respiratory system	209	56	—	66	15	66	9	—	—	1	—	—	16	—	17	—	—	—	301	71	83
A 2	010	Tuberculosis of meninges and central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 3	011	Tuberculosis of intestines, peritoneum and mesmenteric	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 4	012, 013	Tuberculosis of bones and joints	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
A 5	014-019	Tuberculosis, all other forms	26	4	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	28	4	—
A 6	020	Congenital syphilis ..	3	—	10	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	6	—	10
A 7	021	Early syphilis	7	—	63	35	—	66	4	—	—	—	—	—	37	—	188	—	—	—	83	—	317
A 8	024	Tabes dorsalis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 9	025	General paralysis of insane	44	6	106	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	6	106
A 10	022, 023 026-029	All other syphilis ..	—	—	—	9	—	—	9	—	—	24	—	—	79	—	76	1	—	2	122	—	78
A 11	030-035	Gonococcal infestions ..	21	—	25	50	—	—	—	—	—	22	—	154	22	—	39	—	—	—	115	—	218
A 12	040	**Typhoid fever**	382	35	—	159	16	127	84	3	1	11	2	—	—	—	—	—	—	—	636	56	128
A 13	041, 042	Paratyphoid fever and other Salmonella infcstions	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	—
A 14	043	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 15	044	Brucellosis (undulant fever)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 16 (a)	045	Bacillary dysentery ..	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	4	—	—
(b)	046	Amoebiasis	21	5	—	14	—	—	12	2	—	5	—	—	2	—	—	—	—	—	54	7	—
(c)	047, 048	Other unspecified forms of dysentery	56	3	400	4	1	—	12	1	4	1	—	171	—	—	—	—	—	—	73	5	575
A 17	050	Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 18	051	Streptococcal sore throat	—	—	94	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	94
A 19	052	Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 20	053	Septicaemia and pyaemia	19	8	—	5	4	—	—	—	—	1	1	—	—	—	—	—	—	—	25	13	—
A 21	055	Diptheria	13	6	—	2	1	—	3	—	—	2	—	—	—	—	—	—	—	—	20	7	—
A 22	056	Whooping cough ..	—	—	275	—	—	27	1	—	3	—	—	—	17	—	20	—	—	—	18	—	325
A 23	057	Meningococcal infections	19	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	9	—
A 24	058	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 25	060	Leprosy	5	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	7	1	—
A 25	061	Tetanus	24	11	—	16	4	—	4	3	—	2	1	—	—	—	—	—	—	—	46	19	—
A 27	062	Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 28	080	Actue poliomyelitis ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
A 29	082	Acute infectious encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Carried Forward ..	855	145	973	363	42	286	141	9	8	72	4	325	177	—	340	1	—	2	1609	200	1934

Note :— I.P. — In-patients; O.P. — Out-patients;
C. — Cases; D. — Deaths.

APPENDIX IV.—(Contd.)

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
		Brought Forward ..	855	145	973	363	42	286	141	9	8	72	4	325	177	—	340	1	—	2	1609	200	1934
A 30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 31	084	Small pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 32	085	Measles	—	—	174	11	—	20	11	—	3	14	—	45	34	—	40	—	—	4	70	—	286
A 33	091	Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 34	092	Infectious hepatitis ..	—	—	—	10	1	—	—	—	—	—	—	—	—	—	—	—	—	—	10	1	—
A 35	094	Rabies	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	6	7	7	6
A 36 (a)	100	Louse-borne epidemic typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	101	Flea-borne endemic typhus (murine) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	104	Tick-borne epidemic typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	105	Mite-borne typhus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e)	102, 103 106-108	Other and unspecified typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 37 (a)	110	Vivax malaria (Benign tertian)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	111	Malariae malaria (quartan)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	112	Falciparum malaria (Malignant tertian) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	115	Blackwater fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e)	113, 114 116, 117	Other and unspecified forms of malaria ..	—	—	1157	1	—	—	—	—	58	16	2	51	13	—	58	—	—	—	30	2	1324
A 38 (a)	123.0	Schistosomiasis vesical (S. haematobium) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	123.1	Schistosomiasis intestinal (S. Mansoni) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	123.2	Schistosomiasis pulmonary (S. japonicum) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	123.3	Other and unspecified schistosomiasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 39	125	Hydatid disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 40 (a)	127	Onchoceriasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)		Laiasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)		Filariasis (bancrofti) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)		Other Filariasis ..	67	—	920	54	—	35	21	—	8	24	—	78	—	—	—	—	—	14	166	—	1055
A 41	129	Ankylostomiasis ..	41	—	9	12	—	—	17	—	17	10	—	261	38	2	137	—	—	—	118	2	424
A 42 (a)	126	Tapeworm (infestation) and other cestode infestations	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
(b)	130.0	Ascariasis	—	—	—	—	—	—	—	—	—	7	2	—	—	—	—	—	—	—	7	2	—
(c)	130.3	Guinea worm (dracunculosis) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Carried Forward ..	969	151	3233	452	43	341	190	9	94	143	8	760	262	2	575	2	1	26	2018	214	5029

APPENDIX IV.—(Contd.)

Intermediate List Numbers	Detailed List Numbers	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
		Brought Forward ..	969	151	3233	452	43	341	190	9	94	143	8	760	262	2	575	2	1	26	2018	214	5029
(d)	124, 128 130.1, 130.2	Other diseases due to helminths	—	—	71	24	—	404	—	—	—	1	—	—	—	—	—	—	—	18	25	—	493
A 43 (a)	037	Lymphogranuloma venereum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	038	Granuloma inguinale, venereal	15	—	—	4	—	—	3	—	—	2	—	—	—	—	—	—	—	—	24	—	—
(c)	039	Other and unspecified venereal diseases ..	23	—	11	54	—	252	19	—	—	1	—	35	21	—	53	—	—	—	118	—	351
(d)	049	Food poisoning infection and intoxication ..	35	—	400	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	—	400
(e)	071	Relapsing fever ..	—	—	344	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	344
(f)	072	Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(g)	073	Yaws	1	—	—	1	—	—	5	—	—	4	—	—	14	—	20	—	—	—	25	—	20
(h)	087	Chickenpox	8	—	71	6	—	—	5	—	—	1	—	—	—	—	—	—	—	—	20	—	71
(i)	090	Dengue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(j)	095	Trachoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(k)	096.7	Sandfly fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(l)	120	Leishmaniasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(m)	121 (a)	Trypanosomiasis gambiensis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(b)	Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(c)	Other and unspecified Trypanosomiasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(n)	131																						
(o)	135	Dermatophytosis ..	—	—	—	—	—	—	—	—	—	—	—	—	20	—	—	—	—	—	20	—	—
(p)	036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096.1- 096.6, 096.8 096.9, 122 132-134 136-138 140-148	Scabies .. .. .. All other diseases classified as infective and parasitic	9 152	— 9	16 807	2 16	— —	— 385	— —	— —	2 —	— —	— —	— —	— —	— —	75 —	— —	— —	— —	11 168	— 9	93 1192
A 44		Malignant neoplasm of buccal cavity and pharynx	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
A 45	150	Malignant neoplasm of oesophagus	4	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	5	1	—
A 46	151	Malignant neoplasm of stomach	23	11	—	5	3	—	—	—	—	1	1	—	—	—	—	—	—	—	29	15	—
		Carried Forward ..	1239	172	4953	565	46	1382	222	9	96	154	9	795	317	2	723	2	1	44	2499	239	7993

APPENDIX IV.—(Contd.)

Inter-mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown I.P. C.	P.H. Georgetown I.P. D.	P.H. Georgetown O.P. C.	P.H. Berbice I.P. C.	P.H. Berbice I.P. D.	P.H. Berbice O.P C.	P.H. Suddie I.P. C.	P.H. Suddie I.P. D.	P.H. Suddie O.P. C.	P.H. Bartica I.P. C.	P.H. Bartica I.P. D.	P.H. Bartica O.P. C.	P.H. Mabaruma I.P. C.	P.H. Mabaruma I.P. D.	P.H. Mabaruma O.P. C.	P.H. Kamakusa I.P. C.	P.H. Kamakusa I.P. D.	P.H. Kamakusa O.P. C.	TOTAL I.P. C.	TOTAL I.P. D.	TOTAL O.P. C.
		All other diseases classified (Cont'd)	1239	172	4953	565	46	1382	222	9	96	154	9	795	317	2	723	2	1	44	2499	239	7993
A 47	152, 153	Malignant neoplasm of intestine except rectum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 48	154	Malignant neoplasm of rectum	3	1	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	—
A 49	161	Malignant neoplasm of larynx	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 50	162-163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 51	170	Malignant neoplasm of breast	15	5	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	18	5	—
A 52	171	Malignant neoplasm of cervix uteri	30	7	—	14	4	—	—	—	—	—	—	—	—	—	—	—	—	—	44	11	—
A 53	172-174	Malignant neoplasm of other and unspecified parts of uterus ..	16	3	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	19	4	—
A 54	177	Malignant neoplasm of prostate	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	1	—
A 55	190-191	Malignant neoplasm of skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 56	196, 197	Malignant neoplasm of bone and connective tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 57	155-160 164, 165 175, 176 178-181 192-195 198, 199	Malignant neoplasm of all other and unspecified sites	121	13	—	4	1	—	4	2	—	—	—	—	—	—	—	—	—	—	129	16	—
A 58	204	Leukaemia and Aleukaemia	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—
A 59	200-203	Lymphosarcoma and and other neoplasms of lympathic and haematopoietic system ..	3	1	—	201	—	122	—	—	—	—	—	—	—	—	—	—	—	—	204	1	122
A 60	210-239	Benign neoplasms and neoplasms of unspecified nature	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
A 61	250, 251	Nontoxic goiter ..	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
		Carried Forward ..	1439	206	4957	791	53	1504	226	11	96	156	9	795	317	2	723	2	1	44	2931	282	8119

APPENDIX IV.—(Contd.)

Intermediate List Numbers		Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
				I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
				C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
			Brought Forward ..	1439	206	4957	791	53	1504	226	11	96	156	9	795	317	2	723	2	1	44	2931	282	8119
A 62		252	Thyrotoxicosis with or without goiter ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 63		260	Diabetes mellitus ..	175	12	793	31	4	60	21	1	—	2	—	45	—	—	—	—	—	—	229	17	898
A 64	(a)	280	Beriberi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(b)	281	Pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(c)	282	Scurvy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	—	—	—	—	—	26
	(d)	283-286	Other deficiency states ..	470	63	812	129	17	—	38	9	—	10	2	153	—	—	72	—	—	—	647	91	1037
A 65	(a)	290	Pernicious and other hyperchromic anaemias	—	—	63	—	—	—	—	—	—	7	2	—	8	1	—	—	—	—	15	3	63
	(b)	291	Iron deficiency anaemias (hyperchromic) ..	—	—	1968	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1968
	(c)	292, 293	Other specified and unspecified anaemias ..	320	18	2305	37	6	1663	87	—	64	15	—	134	20	2	13	—	—	1	479	26	4180
A 66	(a)	241	Asthma	63	3	425	—	—	—	35	—	40	12	—	162	11	—	19	—	—	7	121	3	653
	(b)	240 242-245 253, 254 270-277 287-289 294-299	All other allergic disorders, endocrine, metabolic and blood diseases	160	—	652	4	1	—	2	—	—	11	—	76	—	—	—	—	—	—	177	1	728
A 67		300-300	Psychoses	—	—	—	—	—	—	—	—	—	6	—	12	—	—	—	—	—	—	6	—	12
A 68		310-324 326	Psychoneuroses and disorders of personality	—	—	—	5	—	—	—	—	—	3	—	—	—	—	—	—	—	—	8	—	—
A 69		325	Mental deficiency ..	104	3	8	6	—	—	3	—	—	1	—	—	—	—	—	—	—	—	114	3	8
A 70		230-334	Vascular lesions affecting central nervous system ..	34	5	3	17	17	—	—	—	—	—	—	—	—	—	—	—	—	—	51	22	3
A 71		340	Nonmeningococcal meningitis	—	—	—	2	—	—	—	—	—	3	—	—	—	—	—	—	—	—	5	—	—
A 72		345	Multiple sclerosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 73		353	Epilepsy	—	—	22	—	—	—	—	—	3	2	—	7	—	—	—	—	—	—	2	—	32
A 74		370-379	Inflammatory diseases of eye	19	—	—	7	—	—	—	—	4	3	—	72	11	—	13	—	—	10	40	—	99
A 75		385	Cataract	331	—	—	5	—	—	1	—	—	—	—	—	5	—	—	—	—	—	342	—	—
A 76		387	Glaucoma	61	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61	—	—
A 77	(a)	390	Otitis externa	75	—	228	—	—	74	1	—	—	2	—	34	—	—	—	—	—	—	78	—	336
	(b)	391-393	Otitis media and mastoiditis	6	—	90	7	—	—	2	—	5	2	—	—	—	—	—	—	—	—	17	—	95
	(c)	394	Other inflammatory diseases of ear ..	19	—	126	12	—	—	7	—	6	3	—	74	9	—	15	—	—	6	50	—	227
A 78	(a)	380-384 386, 388 389	All other diseases and conditions of eye ..	473	—	122	21	—	568	25	—	8	11	—	—	—	—	10	—	—	—	530	—	708
			Carried Forward ..	3749	310	12574	1074	98	3869	448	21	226	249	13	1564	381	5	891	2	1	68	5903	448	19192

APPENDIX IV.—(Contd.)

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
		Brought Forward ..	3749	310	12574	1074	98	3869	448	21	226	249	13	1564	381	5	891	2	1	68	5903	448	19192
(b)	341, 344 350-352 354-357 360-369 395-398	All other diseases of nervous system and sense organs	789	29	1404	117	2	202	93	—	28	—	—	—	5	—	62	—	—	33	1004	31	1729
A 79	400-402	Rheumatic fever ..	—	—	208	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	208
A 80	410-416	Chronic rheumatic heart disease	—	—	231	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	231
A 81	420-422	Arteriosclerotic and degenerative heart disease	—	—	—	12	5	—	31	—	—	—	—	—	2	—	—	—	—	—	45	5	—
A 82	430-434	Other diseases of the heart	640	88	281	125	30	706	58	16	23	33	7	128	4	—	58	—	—	13	860	141	1209
A 83	440-443	Hypertension with heart disease	41	8	497	—	—	—	—	—	1	3	1	34	4	1	18	—	—	—	48	10	550
A 84	444-447	Hypertension without mention of heart ..	292	17	292	13	2	—	65	12	18	5	1	12	—	—	—	—	—	3	375	32	325
A 85	450-456	Diseases of arteries ..	23	6	70	—	—	—	—	—	—	2	—	27	—	—	—	—	—	—	25	6	97
A 86	460-468	Other diseases of circulatory system	109	21	385	12	4	—	39	3	124	3	1	21	—	—	—	1	1	—	164	30	530
A 87	470-475	Acute upper respiratory infections	—	—	475	48	4	72	12	—	—	9	—	154	—	—	—	—	—	—	69	4	701
A 88	480-483	Influenza	64	—	1183	2	—	—	23	—	26	—	—	60	—	—	46	—	—	41	89	—	1356
A 89	490	Lobar pneumonia ..	21	7	—	8	1	57	9	—	—	7	2	17	9	2	21	—	—	—	54	12	95
A 90	491	Broncho-pneumonia ..	117	49	—	19	7	61	21	4	—	23	2	54	21	4	33	—	—	—	201	66	148
A 91	492, 493	Primary atypical, other and unspecified pneumonia	7	3	—	46	7	33	10	—	—	2	—	52	—	—	—	—	—	2	65	10	87
A 92	500	Acute bronchitis ..	54	3	275	12	—	606	33	2	1	12	—	206	10	—	21	—	—	—	121	5	1109
A 93	500, 502	Bronchitis, chronic and unqualified	296	12	615	131	1	1385	61	4	36	16	—	213	20	—	22	—	—	121	524	17	2392
A 94	510	Hypertrophy of tonsils and adenoids	180	—	47	83	—	—	—	—	—	—	—	—	—	—	—	—	—	7	263	—	54
A 95	518, 521	Empyema and abscess of lung	56	9	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	57	9	—
A 96	519	Pleurisy	8	—	—	1	—	—	3	—	—	—	—	37	3	—	—	—	—	—	15	—	37
A 97 (a)	523	Pneumoconiosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	511-517 520-522 524-527	All other respiratory diseases	156	25	600	75	—	1057	23	8	—	12	—	102	26	—	71	—	—	264	292	33	2094
A 98 (a)	530	Dental Caries	11	—	—	8	—	—	—	—	10	1	—	62	—	—	213	—	—	—	20	—	285
(b)	531-535	All other diseases of teeth and supporting structures	21	—	17	4	—	—	17	—	—	4	—	—	9	—	38	—	—	—	55	—	55
A 99	540	Ulcer of Stomach ..	109	—	13	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	115.	—	13
A 100	541	Ulcer of duodenum ..	151	5	44	—	—	—	7	—	—	1	—	—	—	—	—	—	—	—	159	5	44
A 101	543	Gastritis and duodenitis..	186	8	52	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	197	8	52
A 102	550-553	Appendicitis	146	—	3	90	1	59	3	—	—	1	—	—	2	—	—	—	—	—	242	1	62
		Carried Forward ..	7226	600	19266	1887	162	8107	963	70	493	401	27	2743	496	12	1494	3	2	552	10976	873	32655

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
		Brought Forward ..	7226	600	19266	1887	162	8107	963	70	493	401	27	2743	496	12	1494	3	2	552	10976	873	32655
A 103 A 104 (a)	560, 651 570 571.0	Intestinal obstruction and hernia	320	12	5	111	5	51	17	—	—	10	—	—	1	—	—	—	—	—	459	17	56
(b)	571.1	Gastroenteritis and colitis between 4 weeks and 2 years	183	39	257	14	6	69	16	5	—	6	1	157	6	—	—	—	—	—	225	51	483
(c)	572	Gastro-enteritis and colitis, ages 2 years and over	47	10	142	66	4	63	6	1	—	13	—	127	10	—	—	—	—	1	142	15	333
		Chronic enteritis and ulcerative colitis ..	—	—	—	—	—	—	9	—	—	—	—	104	—	—	—	—	—	—	9	—	104
A 105	581	Cirrhosis of liver ..	88	19	—	12	6	—	5	1	—	—	—	—	5	2	—	—	—	—	110	28	—
A 106	584, 585	Chololithiasis and chollecystitis	55	2	—	15	2	—	7	—	—	5	—	—	—	—	—	—	—	—	82	4	—
A 107	536, 539 542, 544 545 573-580 582, 583 586, 587	Other diseases of digestive system	204	3	831	141	5	739	60	2	76	4	—	121	7	3	41	—	—	356	416	13	2164
A 108	590	Acute nephritis ..	64	4	11	4	1	—	8	—	—	—	—	28	15	1	—	—	—	—	91	6	39
A 109	591-594	Chronic and other unspecified nephritis ..	91	24	185	54	3	467	19	5	4	17	—	72	—	—	—	—	—	8	181	32	736
A 110	600	Infections of kidney ..	120	7	275	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	120	7	275
A 111	602, 604	Calculi of urinary system	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
A 112	610	Hyperplasia of prostate..	14	—	—	6	—	—	—	—	—	1	—	—	—	—	—	—	—	—	21	—	—
A 113	620, 621	Diseases of breast ..	39	4	11	1	—	—	5	—	—	1	—	12	4	—	21	—	—	—	50	4	44
A 114 (a)	613	Hydrocele	234	—	14	63	—	47	9	—	—	1	—	—	6	—	23	—	—	—	313	—	84
(b)	634	Disorders of menstruation	92	—	72	3	—	451	35	—	14	1	—	167	11	—	84	—	—	24	142	—	812
(c)	601, 603 605-609 611, 612 614-617 622-633 635-637	All other diseases of the genito-urinary system..	241	18	377	686	7	825	119	—	42	16	—	86	27	—	24	1	—	40	1090	25	1394
A 115	640-641 681, 682 684	Sepsis of pregnancy, child-birth and the puerperium	20	3	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	24	4	—
A 116	642, 652 685, 686	Toxaemias of pregnancy and the puerperium ..	155	11	165	3	2	—	5	5	—	3	—	—	—	—	—	—	—	—	166	18	165
A 117	643, 644	Haemorrhage of pregnancy and childbirth ..	69	3	—	—	—	41	3	—	—	15	—	94	—	—	—	—	—	—	85	3	135
		Carried Forward ..	9260	759	21611	3071	204	10860	1286	89	629	494	28	3711	588	18	1687	4	2	981	14703	1100	39479

APPENDIX IV—(Contd.)

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C	C.	D.	C.	C.	D.	C	C.	D.	C.	C.	D.	C.	C.	D.	C.
			9260	759	21611	3071	204	10860	1286	89	629	494	28	3711	588	18	1687	4	2	981	14703	1100	39479
A 118	650	Abortion without mention of sepsis or toxaemia..	291	1	112	85	—	—	20	—	—	15	—	27	—	—	—	—	—	1	411	1	140
A 119	651	Abortion with sepsis ..	44	—	—	3	—	—	—	—	—	2	—	—	—	—	—	—	—	—	49	—	—
A 120 (a)	645-649 673-680 683	Other complications of pregnancy, childbirth and the puerperium ..	110	12	79	351	20	856	48	2	7	13	1	381	—	—	33	—	—	—	522	35	1356
(b)	660	Delivery without complications	2594	—	—	590	—	—	320	—	—	129	—	—	103	—	—	—	—	—	3736	—	—
A 121	690-698	Infections of skin and subcutaneous tissue ..	143	—	332	243	1	636	85	—	—	2	—	124	—	—	108	—	—	2	473	1	1202
A 122	720-725	Arthritis and spondylitis	264	—	48	76	—	385	48	—	32	11	—	117	—	—	—	—	—	27	399	—	609
A 123	726, 727	Muscular rheumatism and rheumatism unspecified	80	—	422	3	—	591	30	—	—	2	—	—	18	—	—	—	—	130	133	—	1143
A 124	730	Osteomyelitis and periostitis	45	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	55	—	—
A 125	737 745-749	Ankylosis and acquired musculo-skeletal deformities	—	—	—	—	—	—	—	—	—	17	—	—	—	—	—	—	—	—	17	—	—
A 126 (a)	715	Chronic Ulcer of Skin (including tropical ulcer)	266	—	45	96	1	727	112	—	15	35	—	24	7	—	60	—	—	32	516	1	903
(b)	700-714 716	All other diseases of skin	345	4	478	9	—	997	55	—	48	52	—	112	36	—	8	—	—	—	497	4	1643
(c)	731-736 738-744	All other diseases of musculo-skeletal system	—	—	65	90	—	—	—	—	—	—	—	121	2	—	—	1	—	15	93	—	201
A 127	751	Spina bifida and meningocele	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	—
A 128	754	Congenital malformations of circulatory system..	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
A 192	750, 752 753 755-759	All other congenital malformations ..	—	—	—	7	3	—	2	—	—	—	—	—	—	—	10	—	—	—	9	3	10
A 130	760, 761	Birth injuries	97	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	97	36	—
A 131	762	Postnatal asphyxia and atelectasis	87	31	—	22	20	—	1	—	—	2	2	—	—	—	—	—	—	—	112	53	—
A 132 (a)	764	Diarrhoea of newborn (under 4 weeks) ..	8	3	—	—	—	—	—	—	—	—	—	17	—	—	—	—	—	—	8	3	17
(b)	765	Ophthalmia .. .. neonatorum	23	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	24	—	—
(c)	763, 766-768	Other infections of newborn	16	10	41	—	—	44	—	—	—	—	—	—	—	—	—	—	—	—	16	10	85
A 133	770	Haemolytic disease of newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Carried Forward ..	13677	860	23233	4658	249	15096	2008	91	731	774	31	4634	754	18	1906	5	2	1188	21876	1251	46788

APPENDIX IV.—(Contd.)

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
		Brought Forward ..	13677	860	23233	4658	249	15096	2008	91	731	774	31	4634	754	18	1906	5	2	1188	21876	1251	46788
A 134	769, 771, 772	All other defined diseases of early infancy ..	107	17	—	14	7	719	4	4	—	—	—	—	—	—	—	—	—	—	125	28	719
A 135	773, 776	Ill-defined diseases peculiar to early infancy, and immaturity unqualified ..	212	65	536	25	19	422	12	7	—	3	1	—	5	—	63	—	—	—	257	92	1021
A 136	794	Senility without mention of psychosis	216	28	354	73	15	1017	41	2	14	6	—	—	4	—	—	—	—	—	340	45	1385
A 137 (a)	788.8	Pyrexia of unknown origin	38	—	582	71	5	1127	23	—	—	13	—	28	11	2	284	—	—	25	156	7	2046
(b)	793	Observation, without need for further medical care	60	—	131	43	—	—	68	—	14	10	—	81	7	—	—	—	—	—	188	—	226
(c)	780-787 788.1-788.7 788.9 789-792 795	All other ill-defined causes of morbidity ..	32	—	312	61	—	—	19	8	36	8	—	—	—	—	—	—	—	176	120	8	524
"E" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS, AND VIOLENCE (EXTERNAL CAUSE).																							
AE 138	E810-E835	Motor Vehicle accidents	136	15	41	36	5	496	—	—	—	—	—	—	—	—	—	—	—	—	172	20	537
AE 139	E800-E802 E840-E866	Other transport accidents	37	6	40	12	1	66	—	—	—	—	—	—	—	—	—	—	—	—	49	7	106
AE 140	E870-E895	Accidental poisoning ..	18	2	3	10	—	—	—	—	—	2	—	—	—	—	—	—	—	—	30	2	3
AE 141	E900-E904	Accidental falls ..	85	18	397	34	4	391	8	—	11	—	—	54	—	—	47	—	—	—	127	22	900
AE 142	E912	Accidents caused by machinery	11	—	198	8	—	114	—	—	—	—	—	—	3	—	9	—	—	2	22	—	323
AE 143	E916	Accident caused by fire and explosion of combustible material ..	—	—	—	5	—	37	2	—	1	—	—	—	5	—	3	—	—	—	12	—	41
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	21	—	351	28	2	88	2	—	—	1	—	—	—	—	—	—	—	—	52	2	439
AE 145	E919	Accident caused by fire-arm	—	—	—	—	—	—	2	—	—	1	—	—	1	—	—	—	—	—	4	—	—
AE 146	E929	Accidental drowning and submersion	—	—	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	3	—	1
AE 147	E920	Foreign body entering eye and adnexa ..	9	—	40	3	—	38	—	—	—	3	—	54	8	—	—	—	—	—	23	—	132
		Carried Forward ..	14659	1011	26219	5081	307	19611	2189	112	807	821	32	4851	801	20	2312	5	2	1391	23556	1484	55191

APPENDIX IV.—(Contd.)

Intermediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown I.P. C.	P.H. Georgetown I.P. D.	P.H. Georgetown O.P. C.	P.H. Berbice I.P. C.	P.H. Berbice I.P. D.	P.H. Berbice O.P. C.	P.H. Suddie I.P. C.	P.H. Suddie I.P. D.	P.H. Suddie O.P. C.	P.H. Bartica I.P. C.	P.H. Bartica I.P. D.	P.H. Bartica O.P. C.	P.H. Mabaruma I.P. C.	P.H. Mabaruma I.P. D.	P.H. Mabaruma O.P. C.	P.H. Kamakusa I.P. C.	P.H. Kamakusa I.P. D.	P.H. Kamakusa O.P. C.	TOTAL I.P. C.	TOTAL I.P. D.	TOTAL O.P. C.
	"E" CODE.—Contd.		14659	1011	26219	5081	307	19611	2189	112	807	821	32	4851	801	20	2312	5	2	1391	23556	1484	55191
	E923	Foreign body entering other orifice	34	—	—	10	—	—	—	—	—	—	—	29	2	—	3	—	—	—	46	—	32
	E927	Accidents caused by bites and stings of venomous animals and insects ..	2	2	379	33	1	202	6	—	7	9	—	25	11	1	20	—	—	2	61	4	635
	E928	Other accidents caused by animals	28	—	7	2	—	—	—	—	—	—	—	—	—	—	9	—	—	1	30	—	17
AE 148	E910, E911 E913-E915 E921-E922 E924-E926 E930-E965 E970-E979	All other accidental causes	21	—	7200	768	2	2130	22	—	38	4	2	54	—	—	—	—	—	—	815	4	9422
AE 149	E980-E985	Homicide and injury purposely inflicted by other persons (not in war)	1	1	—	85	1	312	—	—	—	—	—	—	4	—	—	—	—	—	90	2	312
AE 150	E990-E999	Injury resulting from operations of war ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
"N" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS, AND VIOLENCE (NATURE OF INJURY).																							
AN 138	N800-N804	Fracture of skull ..	3	3	—	4	4	—	—	—	—	—	—	—	6	—	10	—	—	—	13	7	10
AN 139	N805-N809	Fracture of spine and trunk	11	4	—	10	1	—	8	—	—	6	—	—	3	—	13	—	—	—	38	5	13
AN 140	N810-N829	Fracture of limbs ..	229	17	774	152	2	—	38	—	—	15	—	—	—	—	19	—	—	1	434	19	794
AN 141	N830-N839	Dislocation without fracture	105	—	452	11	—	—	—	—	—	1	—	—	—	—	8	—	—	—	117	—	461
AN 142	N840-N848	Sprains and strains of joints and adjacent muscles	141	—	815	18	—	458	9	—	—	7	—	117	—	—	—	—	—	3	175	—	1392
AN 143	N850-N856	Head injury (excluding fracture)	40	—	832	4	1	—	—	—	—	13	—	159	—	—	—	—	—	—	57	1	95
AN 144	N860-N869	Internal injury of chest, abdomen and pelvis ..	81	18	—	6	5	—	—	—	—	1	—	—	—	—	—	—	—	—	88	23	—
AN 145	N870-N908	Laceration and open wounds	226	35	4789	399	—	2148	73	—	—	146	—	101	12	—	29	1	—	55	857	35	7122
AN 146	N910-N929	Superficial injury, contusion and crushing with intact skin surface ..	121	—	7038	316	—	1210	29	—	—	39	—	117	4	—	12	—	—	22	509	—	8399
AN 147	N930-N936	Effects of foreign body entering through orifice	—	—	—	11	—	38	12	—	—	2	—	—	—	—	14	—	—	—	25	—	52
AN 148	N940-N949	Burns	57	9	38	30	2	—	10	1	—	13	2	12	3	—	35	—	—	4	113	14	89
AN 149	N960-N979	Effects of poisons ..	14	3	22	39	—	20	—	—	—	—	—	—	2	—	—	—	—	—	55	3	42
AN 150	N950-N959 N980-N999	All other and unspecified effects of external causes	16	—	6908	34	1	—	77	—	18	8	—	151	—	—	—	—	—	—	135	1	7077
		GRAND TOTAL ..	15789	1103	55474	7013	327	26129	2473	113	870	1085	36	5616	848	21	2484	6	2	1479	27214	1602	92052